Application for Absentee Ballot (RSA 657:4)				STATE OF	
Absence, Religious Observance and Disability				NEW HAMPSHIRE	
	(Excludes Absence Due to Residence Outside the United States)			TOWN OF STRAFFORD	
l.	I hereby declare that (check one):				
	I am a duly qualified voter who is currently registered to vote in Strafford.				
	I am absent from Strafford and will be until after the next election, or I am			FOR	
	unable to register in person due to a d	sability, and I request that the fo	orms	OFFICIAL	
	necessary for absentee voter registration be sent to me with the absentee ballot.			USE ONLY	
II.	New Hampshire law requires that you vote in person at the polling				
	place in Strafford unless you declare one of the following absences:				
	I am entitled to vote by absentee ballot because (check one):				
	-	,	,	Voter ID #	
	I plan to be absent from Strafford on t	he day of the election			
-	i pian to be absent from Strainord on t	ne day of the election.			
╵╹	I cannot appear in public on election day because of observance of a				
	religious commitment.				
_					
	I am unable to vote in person due to a	disability.		Date requested:	
╵┙	I cannot appear at any time during polling hours in Strafford because of a work commitment, care of children or infirm adults, or transit to and from work.				
	y person who votes or attempts to vot				
to vote by absentee ballot, shall be guilty of a misdemeanor. RSA 657:24				Date mailed/Hand:	
III. I am requesting an official absentee ballot for the following election:					
	2016 General Election				
	Tuesd				
				Date returned to Clerk:	
IV. Applicant's Name (Please Print):					
	Last Name	First Name Middle Name	\ I_# C_# II III	<del>- </del>	
	Last Name	First Name - Wilddie Name	Jr., Sr., II, III		
Applicant's Voting Domicile (home) address:				Date On State Database:	
	Street Number	Street Name Unit	Strafford, NH	<del>-</del>	
		· · · · · · · · · · · · · · · · · · ·	03884		
Mail the ballot to me at this address (if different than the above home address)					
"	(		,		
	Street or PO Box #	Street Name	Apt #/Unit		
			r		
	City/Town	State	Zip Code	7	
	<b>3</b> - ··		r		
***	**Applicant's Signature:	Date:			
	(Voter must sign to receive an absentee ballot)				
( roter must sign to receive un tosentee outros)					
Please mail this form to: Strafford Town Clerk, PO Box 169, Strafford, NH 03884					